

As a non-profit organization experienced in Illinois' maternal and child health program and advocacy efforts for over 27 years, EverThrive Illinois works to improve the health of Illinois women, children, adolescents and families over the lifespan through community engagement, partnerships, policy analysis, education, and advocacy. Through the work of our five initiative areas - Maternal and Infant Mortality, Child and Adolescent Health, Health Reform, Healthy Lifestyles, and Immunization - as well as the organization's policy advocacy work, we have developed expertise in Medicaid policy, policies implementing the Affordable Care Act Marketplace, policies aimed at reducing maternal and infant mortality, and policies impacting the health and well being of children and adolescents. With our health advocacy partners, we work to strengthen policies that assist populations who are living with mental illness and/or substance use disorder and need access to appropriate treatment options. These populations may be individuals involved in the justice system, at-risk youth, children experiencing trauma, and/or people experiencing homelessness, mental illness or other chronic conditions.

We have thoroughly reviewed Illinois' 1115 Waiver application and participated in the September 9, 2016 public hearing held in Chicago. We will continue to participate in other public involvement opportunities provided by the state related to the 1115 Waiver and the broader Illinois Health and Human Services Transformation (HHS) (e.g. HHS Consumer Advocates Working Group). EverThrive IL respectfully submits the following comments and recommendations related to Illinois' 1115 Waiver application and welcomes the opportunity to provide further information or clarification if needed.

Global Comments and Recommendations:

- EverThrive IL commends the state and the Illinois Department of Healthcare and Family Services (HFS) for its leadership in applying for this 1115 Waiver with the goals of transforming the behavioral health system, integrating behavioral health and physical health, and optimizing outcomes for Illinoisans. We whole heartedly support these goals of the Waiver. At the same time, we recommend that CMS require the state to establish a formal public implementation council that can partner with the state as it determines how these services will be operationally defined.
- We recommend that administrative rule changes and State Plan Amendment implementation be included in the operational details that will be determined by the implementation council in partnership with the state.
- We want to stress the importance of evaluation metrics to determine the success of the waiver demonstration. We recommend that these metrics be regularly reported to the public and include feedback from the provider and advocate community as well as program participants.
- We support the establishment of Integrated Health Homes and expect the state to seek stakeholder input in their development and implementation.

- State grants must be continued and any transition from grant-based reimbursement to Medicaid financing should be gradual and done in a publically transparent, data-driven process. Many Illinoisans will continue to be uninsured or underinsured and resources need to be retained for such populations.
- We want to emphasize the importance of looking at each area of the Waiver, some that are heavily focused on services for adults, such as supportive housing, and creating language that will encompass the needs of children and families. There is an urgency and necessity to respond to the mental health needs of Illinois' children in ways that challenge the status quo and maximize Illinois' very limited resources, all the while ensuring services are culturally and linguistically appropriate, family-driven, and youth-led, as appropriate.
- Beneficiary eligibility for services should be determined by level of functioning, existing needs, and available supports rather than specific diagnostic or definitional requirements. The uniform assessment to be established through a SPA may be a good start, but it is unclear how this tool will be used to authorize services. The assessment scores necessary to authorize services must allow early interventions for those who may need services and prevent further deterioration of their level of functioning.
- The myriad of new benefits and initiatives will only be successful if a straightforward and easily accessible assessment and authorization process is put in place. Managed care and state authorization practices should be standardized and consistent to facilitate timely needed care.

Specific Comments:

Program Description and Eligibility:

Program Description

- We support the Administration's decision to focus on the behavioral health system in this waiver proposal. The broadly defined strategy and goals of the waiver will serve as an effective foundation for the transformation effort.

Designated State Health Programs (DSHPs)

- We recognize the importance of drawing down additional federal resources to enable new state investments through the waiver proposal. It is our understanding that DSHPs that receive Federal Financial Participation will not require all grantees to become Medicaid certified providers, nor all program participants to be enrolled in Medicaid. The state must ensure that this is the case to prevent significant service disruption.

Demonstration hypothesis and evaluation

- For the evaluation component of the waiver, we recommend that the Administration include soliciting feedback from the provider and consumer advocate community regarding the implementation of the waiver and including this feedback in its analysis. We also recommend seeking more in-depth and qualitative responses from impacted Medicaid beneficiaries beyond the CAHPS survey.

Demonstration eligibility

- We strongly support the inclusion of all Medicaid beneficiaries in the waiver demonstration and are appreciative the proposal does not include any limitation of Medicaid eligibility.

Demonstration Benefits:

Supportive housing services

- We support establishing a supportive housing pre-tenancy and tenancy services benefit.
- We support the inclusion of individuals with a primary SUD diagnosis as an eligible diagnosis for these services and the clarification that an eligible individual's immediate family also be eligible for services
- To the extent that eligibility for these services is defined in the Special Terms and Conditions, we recommend a broad definition of homelessness and at-risk of homelessness beyond just the HUD chronically homeless definition. We also recommend that at-risk of institutional care include criminal facilities.

Additional benefits for children and youth with behavioral health conditions and/or serious emotional disturbance

- We support establishing additional benefits for children and youth, as well as their caregivers.
- We support establishing intensive in-home services through pilots that include home-based clinical and support services. We also support the state's approach that home-based support services are intended to support both the child and his/her family.
- We support extending the age range from 5-21 to 3-21.

Cost sharing requirements

- We strongly support the Administration's decision to include no cost sharing requirements for waiver services.

Other Waiver Initiatives:

Behavioral and physical health integration activities

- We strongly support including behavioral health and physical health integration activities as an initiative within the waiver proposal, and urge the state to seek to improve integration more broadly. These supports in the Waiver appear to be focused just on those entities who will be involved in Integrated Health Homes (IHH) but the state must improve the integration of services beyond just that program.
- We urge the state to use this opportunity to expand school-based approaches to prevention, early intervention, and access to care, including expansion of school-based health centers (SBHCs). Furthermore, in order to increase access to behavioral health services for children and adolescents, we ask that HFS update its practioner fee schedule for behavioral health services provided in Type 56 SBHCs. The goal of this practioner fee schedule update would be to ensure proper payment structures are established in the practioner fee schedule for a comprehensive

set of behavioral health services provided within Type 56 SBHCs, ultimately increasing access to behavioral health services for the tens of thousands of children and adolescents served by SBHCs annually (NOTE: Type 56 SBHCs are SBHCs who are sponsored by an organization other than an FQHC. Type 56 SBHCs' sponsoring organizations can include but are not limited to hospitals, school districts, local public health departments, and community based organizations).

Infant/early childhood mental health consultation

- We support additional mental health initiatives for infants and young children, including Infant/Early Childhood Mental Health Consultation (I/ECMHC).
- We support the addition of home visiting for families of babies born with drug withdrawal syndrome.
- We would like to commend the Administration for including infant and early childhood mental health consultation (I/ECMHC) as one of four initiatives to be pursued through the 1115 Waiver. The recognition of the importance of early childhood mental health by Administration leaders will continue to allow children to begin life with the best start possible. Indeed, Illinois has been a national leader when it comes to emphasizing early childhood mental health. Illinois has a relatively long history of investing in I/ECMHC in various systems, though we have yet to take I/ECMHC to scale, as indicated in the Waiver application. Due to Illinois' pioneering work in this field, a foundation for I/ECMHC has been firmly established in some systems, creating a prime opportunity within this demonstration to create an infrastructure that will continue to support this effective intervention. The Waiver application highlighted the use of I/ECMHC within evidenced-based home visiting (EBHV) programs as a successful intervention; however, it should be noted that I/ECMHC has had strong utilization in other early care and education environments throughout the State for many years. While I/ECMHC is a component within EBHV, the two should not be mistaken as the same intervention. We appreciate that Medicaid funding will not supplant existing funding streams (state, federal, and private), but will be an enhancement to these investments, allowing for greater depth and reach, particularly in underserved communities. For this approach to be successful, it is essential that cross-agency collaboration continues, including detailed discussions on plans for the sustainability of this initiative. Additionally, we encourage the Administration to use this opportunity to systemically address the need for a qualified workforce to provide I/ECMHC services.
- To further the positive impact of infant/early childhood mental health consultation (and treatment), we encourage and recommend the state consider the mother's mental health, specifically when it comes to maternal depression, and how that impacts the healthy development of the child. To this end, we recommend the incorporation of Maternal Depression Screening and Treatment for mothers who are not or are no longer Medicaid eligible post-partum in the 1115 Waiver application.

CMS encourages states to provide Maternal Depression Screening and Treatment for the care of both mother and child despite the mother's Medicaid eligibility. Maternal depression has a negative impact on a child's health and development. Currently, The Illinois Department of Healthcare and Family Services (HFS) covers perinatal depression screening when an approved screening instrument is used. If the postpartum depression screening (for the woman) occurs during a well-child visit or episodic visit for an infant (under age one) covered by HFS' Medical Programs, the screening may be billed as a "risk assessment" under the infant's Medicaid identification number. Alternatively, if the woman is postpartum and covered by HFS' Medical Programs, the postpartum depression screening may be billed under the woman's identification number. Diagnostic and treatment services directed solely at the mother would be coverable under the Medicaid program only if the mother is Medicaid eligible.

The 1115 waiver process presents an opportunity to expand treatment services for both mother and child. Mothers who are not Medicaid eligible should receive benefits from diagnostic and treatment services directed at treating the health and well-being of the child (such as family therapy services) to reduce or treat the effects of the mother's condition on the child.

Consistent with current policy regarding services provided for the "direct benefit of the child," such diagnostic and treatment services would actively involve the child, be directly related to the needs of the child and such treatment would be delivered to the child and mother together, but can be claimed as a direct service for the child. Such services would be coverable under one or more section 1905(a) benefit categories such as rehabilitative services or other licensed practitioner services.

Workforce initiatives

- We support the range of workforce initiatives proposed by the state.
- The state workforce needs assessment should be discussed in the implementation council and with a broad range of stakeholders.
- We recommend the Administration include stronger language around the plans to develop a workforce capable of addressing the specific needs of children and youth. We often hear that access to services appropriate for children and youth is lacking due to gaps in the workforce. We ask the Administration to clearly highlight the need for more mental health professionals able to address the unique needs of children and youth in the Waiver, and include strategies for investment for these disciplines.
- The state's needs assessment should include assessing existing provider's ability to participate in Medicaid, including IT systems, billing systems, and electronic health records. The funds allocated to address workforce capacity issues should be used to address provider needs for administrative and IT systems if the needs assessment indicates that is the most pressing need. Telemedicine infrastructure should not be prioritized over other needs unless the needs assessment indicates it should.

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- We support an expanded concept of "technical assistance" to include linking community service providers to managed care to linking them to Medicaid more broadly and recommend that the training and technical assistance resources provided by the state be developed in response to stakeholder input.
- Telemedicine infrastructure should consider ways to leverage the technology to help individuals who are hard to serve due to their behavioral health conditions and not just focus on health professional shortage information.
- We recommend allowing APNs to practice at the top of their license and considering reforms to increase their scope of practice.

Stakeholder engagement and public notice

The stakeholder community and the public appreciates the opportunities the state has provided to provide comment and input on the waiver process. We urge the state to continue and expand upon these opportunities after the waiver is submitted and implementation begins.

We again appreciate the opportunity to comment on this potentially system-changing endeavor. EverThrive IL staff is available to discuss these comments and recommendations further and we look forward to continued conversations as the 1115 Waiver application process unfolds.

Sincerely,

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